

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M10388

1. Entity Name

PERSONALIZED NAILS, INC.

Principal Place of Business

C/O HUMBERTO NEYRA
12450 S.W. 45TH STREET
MIAMI FL 33175

Mailing Address

C/O HUMBERTO NEYRA
12450 S.W. 45TH STREET
MIAMI FL 33175-4714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEYRA, HUMBERTO
12450 SW 45 ST
MIAMI FL 33175

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
NEYRA, HUMBERTO
12450 SW 45 ST
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
NEYRA, VIOLETA
12450 SW 45 ST
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE *Violeta Neyra* REQUIRED SECRET. -
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90092 008 ***150.00

907243



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2491446

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required